

# HPP 2017 - 2022 Capability 1 Foundation for Healthcare and Medical Readiness



## Objective 1 - 5 with Activities

# Objective 1: Establish and Operationalize a Healthcare Coalition (HCC)

Healthcare Coalitions should coordinate with their members to facilitate:

- Strategic planning
- Identification of gaps and mitigation strategies
- Operational planning and response
- Information sharing for improved situational awareness
- Resource coordination and management

HCCs serve as multiagency coordination groups that support and integrate with other ESF-8 activities. HCCs serve as public-private partnership as stated in the National Response Framework

# Activity 1: Define Healthcare Coalition Boundaries

The HCC should define its boundaries based on daily healthcare delivery patterns-including those established by corporate health systems and organizations within a defined geographic region. Should encompass more than one of each core member type: Hospitals, Emergency Management, Local Public Health Agencies, and Emergency Medical Services.

The HCC should:

- Include enough members to ensure adequate resources; however too many members can make it unmanageable
- Consider existing regional service areas (common/known healthcare delivery patterns)
- Consider HCC boundaries that cross state borders where appropriate
- Engage jurisdiction's public health agency to ensure healthcare facilities belong to an HCC/no geographical gaps

## Activity 2: Identify Healthcare Coalition Members

---

HCC member is defined as an entity with the HCCs defined boundaries that actively contributes to HCC strategic planning, identification of gaps and mitigation strategies, operational planning and response, information sharing, and resource coordination and management.

The HCC should include a diverse membership to ensure a successful whole community response.

Besides core members, HCCs should include:

- Behavioral health services and organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRCs)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks
- Federal facilities (Veterans Affairs-VA, Indian Health Service facilities, military treatment facilities)
- Home health agencies
- Infrastructure companies (utility and communications co.)
- Jurisdictional partners, including cities, counties, tribes
- Local chapters of healthcare professional organizations

## HCC Membership continued:

- Local public safety agencies (law enforcement and fire services)
- Medical and device manufacturers and distributors
- Non-governmental organizations (American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc)
- Outpatient healthcare delivery (ambulatory care, clinics, community and tribal health centers, urgent care, Federally Qualified Health Centers (FQHCs) stand-alone surgery centers
- Schools and universities, including academic medical centers
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (clinical labs, pharmacies, radiology, blood banks, poison control centers)
- Other (child care services, dental clinics, social workers service, faith-based organizations)

---

Specialty patient referral centers (pediatric, burn, trauma, and psychiatric centers) should ideally be HCC members within their geographic boundaries. They may also serve as referral centers to other HCC where speciality care does not exist.

## Activity 3: Establish Healthcare Coalition Governance

HCC should define and implement a structure and processes to execute activities related to healthcare delivery system readiness and coordination.

Elements of governance should include:

- Organizational structure-to support HCC activities, including executive and general committees, election or appointment process and administrative rules and operational functions
- Roles and responsibilities-consider member regional geography, resources, and other factors
- Mechanisms to provide guidance and direction-Policies and procedures for making changes, orders of succession and delegation of authority
- Processes to ensure integration with the ESF-8 lead agency
- HCC members should adopt and be part of regular reviews



## Objective 2: Identify Risk and Needs

     HCC should identify and plan for risks, in collaboration with the ESF-8 lead agency by conducting assessments or using/modifying data from existing assessments for healthcare readiness purposes.

### Activity 1. Assess Hazard Vulnerabilities and Risks

A hazard vulnerability analysis (HVA) is a systematic approach to identifying hazards or risks that will have an impact on demand for healthcare services or healthcare delivery systems ability to provide these services.

# HVA Principles:

- HCC members should participate in process using a variety of tools
- Process coordinated with state and local emergency management, and other public health HVAs -share results/ minimize duplication of efforts
- Healthcare facilities, EMS, other organizations should provide input into the development of regional HVA
- Components should include regional characteristics (demographics-natural or man-made disasters, geography, critical infrastructure)
- Should address population characteristics (special needs, children, pregnant women, seniors, individuals with access and functional needs-disabilities and other unique needs)
- Should regularly be reviewed and shared with all members

# Activity 2: Assess Regional Healthcare Resources

HCC performs an assessment to identify healthcare resources and services that are vital for continuity of healthcare delivery during an emergency. What resources can be shared or coordinated? What vulnerabilities are identified?

Resources Assessment should include:

- Clinical services-inpatient hospitals, outpatient clinics, emergency departments, private practices, long term care, skilled nursing..etc
- Clinical infrastructure supporting healthcare: utilities, water, power, fuel, information and communications systems and platforms (EHRs, radios, etc)
- Caches (pharmaceutical and durable medical equipment)
- Hospital building integrity
- Alternate care sites
- Home health agencies
- Healthcare workforce
- Supply chain
- Food supply
- Medical and non-medical transportation

## Activity 3: Prioritize Resource Gaps and Mitigation Strategies

\_\_\_\_ A comparison between available resources and current HVA(s) will identify gaps and help prioritize HCC and HCC member activities.

Gaps may include:

- Lack of or inadequate plans or procedures
- Staff, equipment, and supplies
- Services or other resources required to respond to an emergency

HCC members should prioritize gaps based on consensus and determine mitigation strategies based on time, materials, and resources necessary to address and close gaps.

## Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs

The HCC should:

- Support LPHA(s) with situational awareness/IT tools they can use to identify the special populations outlined (EmPOWER Map or CICO Map)
- Support LPHA(s) in developing/augmenting existing response plans for these vulnerable populations, including mechanisms for family reunification
- Identify potential healthcare delivery system support for these populations
- Assess needs and contribute to medical planning to enable individuals to remain in their residences
- Coordinate with ESF-8 lead agency to assess medical transport needs
- Assess specific treatment and access to care needs; (Emergency Operations Plans(EOPs), HCC Response Plan
- Coordinate with Veterans Affairs(VA) to identify veterans in HCC region

## Activity 5: Assess and Identify Regulatory Compliance Requirements

Assess and identify regulatory compliance requirements that are applicable to day-to-day operations and may play a role in the planning for, responding to, and recovering from emergencies. Understand federal statutory, regulatory, or national accreditation requirements that impact emergency medical care:

- Centers for Medicare/Medicaid (CMS) conditions of participation
- Clinical Laboratory Improvement Amendments (CLIA)
- Health Insurance Portability and Accountability Act (HIPPA)
- Emergency Medical Treatment & Labor Act (EMTALA)
- Licensing and accrediting agencies for hospitals, clinics, laboratories, blood banks
- Federal disaster declaration processes
- Federal liability protections for responders (Public Readiness and Emergency Preparedness (PREP))
- Environmental Protection Agency (EPA) requirements
- Occupational Safety and Health Administration (OSHA) requirements

## Understand State or local regulations or programs that impact emergency medical care, including:

---

- Scope and breadth of emergency declarations
- Regulations for healthcare practitioner licensure, practice standards, reciprocity, scope of practice limitations, and staff-to-patient ratios
- Legal authorization to allocate personnel, resources, equipment, and supplies among healthcare organizations
- Laws governing conditions under which an individual can be isolated or quarantined
- Available state liability protections for responders

# Understand process and information required to request necessary waivers and suspension of regulations, including:

- Processes for emergency resource acquisition (federal, state, and/or local)
- Special waiver processes (e.g., section 1135 of Social Security Act waivers)
- Process and implications for Food and Drug Administration (FDA) issuance of emergency use authorizations for use of non-approved drugs or devices
- Legal resources related to hospital legal preparedness, such as deployment/use of volunteer health practitioners
- Legal regulatory issues related to alternate care sites and practices
- Legal issues regarding population-based interventions, such as mass-prophylaxis and vaccination
- Processes for emergency decision making from state or local legislature

**Support Crisis Standards of Care Planning and Maintain awareness of standing contracts for resource support during emergencies**



# Objective 3: Develop a HCC Preparedness Plan

The HCC preparedness plan enhances preparedness and risk mitigation through cooperative activities based on common priorities and objectives and should:

- Incorporate HCC members priorities for planning and coordination based on regional needs and gaps
- Leverage HCC members existing preparedness plans as required by the CMS Emergency Preparedness Rule
- Plan developed by HCC leadership with broad input from members and stakeholders
- Outline strategic and operational objectives for HCC and it's members
- Include short-term-within the year-and longer-term -3-5 year objectives
- Include recurring objective to develop and review HCC response plan, detailing roles and responsibilities
- Inform training, exercise, and resource and supply management activities during year
- Include a checklist of each HCC member's proposed activities, methods for member report progress to HCC, and processes to promote accountability and completion

## Objective 4: Train and Prepare the Healthcare and Medical Workforce

---

Training, drills, and exercises help identify and assess how well a healthcare delivery system or region is prepared to respond to an emergency.

Trainings can cover a wide range of topics including clinical subject matter, incident management, safety and protective equipment, workplace violence, psychological first aid, or planning workshops.

# Activity 1: Promote Role-Appropriate National Incident Management System Implementation (NIMS):

---

- Ensure HCC leadership receives NIMS training
- Promote NIMS implementation, include training/exercises to HCC members to facilitate operational coordination with public safety and emergency management organizations using Incident Command System (ICS)
- Assist HCC members with incorporating NIMS components into their EOPs
- For members not bound to NIMS implementation, HCC should consider training on response planning techniques, organizational structure, other incident management practices to help them prepare for their roles during a response

## Activity 2: Educate and Train on Identified Preparedness and Response Gaps:

---

- Promote understanding of HCC members' specific roles and responsibilities
- Base training on specific gaps and needs identified
- Promote/support training for healthcare providers, laboratorians, non-clinical staff, and ancillary workforce in:
  - Clinical Management (chemical, biological, radiological, nuclear and explosives (CBRNE), burn, trauma, and other recognized hazards) for all populations
  - Responder safety and health requirements
  - Management of patients in a resource-scarce environment, including implementation of Crisis Standards of Care
- Ensure healthcare organization leadership is aware of and engaged in HCC activities

## Activity 3: Plan and Conduct Coordinated Exercises with HCC Members and Other Response Organizations:

- Plan/Conduct system-wide exercises that incorporate hospitals, EMS, emergency management organizations, public health agencies, and additional HCC membership participation
- Base exercises on specific gaps/needs identified including emerging infectious diseases and CBRNE threats
- Update exercise schedule annually or in accordance with jurisdictional needs
- Provide opportunities for clinical laboratory participation
- Assess readiness to support emergencies involving children and unique response needs during emergencies
- Assess readiness to support other individuals special health needs (pregnant women, seniors, individuals who depend on electrical-dependent medical equipment)
- Exercise Continuity of Operations (COOP) plans

## Continued:

- Exercise Medical Surge Capacity and Capability-decisions leading to Crisis Standards of Care
  - Assess mobilization of beds, personnel, and key resources, including equipment, supplies, and pharmaceuticals
- Coordinate exercises with response organizations (FEMA, National Guard, etc)
- When appropriate include federal, state, and local response resources in exercises, (state medical teams, MRC, and other federal, state, local and tribal assets)
- Collect information about HCC members operating status and resource availability during exercises and disseminate the information to other members
- Develop an after-action report (AAR) and improvement plan (IP) that incorporates lessons learned from exercises and follow-up process

## Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements:

---

- Apply Homeland Security Exercise and Evaluation Program (HSEEP) fundamentals to both exercise program and execution of individual exercises
- Integrate current healthcare accreditation requirements such as Joint Commission Emergency Management Standards or CMS Rule
- Use a stepwise progression of exercise complexity for a variety of emergency response scenarios (workshops, tabletop, functional full-scale exercises)

## Activity 5: Evaluate Exercises and Responses to Emergencies:

---

- HCC should coordinate with members and other response organizations to complete an AAR and IP after exercises and real-world events
- AAR should document gaps in HCC member composition, planning, resources, or skills revealed during the exercise and response evaluation processes
- IP should recommend process to retest the revised plans/capabilities
- AARs should reveal leading practices that can be shared with members and other HCCs
- Successful HCC maturation depends on integrating AAR/IP findings into the next planning, training, exercise, and resource allocation cycle



## Activity 6: Share Leading Practices and Lessons Learned:

---

- Ensure information is shared among HCCs after real-world events and exercises
- Incorporate lessons learned from real-world events
- Utilize mechanisms to rapidly acquire and share new clinical knowledge for a wide range of hazards and threats during exercise scenarios and real-world events:
  - Utilize Office of the Assistant Secretary for Preparedness and Response (ASPR)
  - Sharing hazardous material (HAZMAT) information from poison control centers
  - Using virtual telemedicine platforms (e.g. Project ECHO)
  - Obtain information from federal alert systems (CDC, FDA, FEMA)
  - Coordinate clinical treatment information on conference calls or webinars

# Objective 5: Ensure Preparedness is Sustainable

Sustainability planning is a critical component to HCC development:

---

## Activity 1: Promote Value of Healthcare and Medical Readiness

- Develop materials that identify and articulate the benefits of HCC activities to members and stakeholders
- Engage champions among its members/other response organizations to promote HCC preparedness efforts to healthcare executives, clinicians, community leaders, and other key audiences

## Activity 2: Engage Healthcare Executives, benefits can include:

- Meeting regulatory and accreditation requirements
- Enhancing purchasing power (e.g. bulk purchasing)
- Accessing clinical and non-clinical expertise
- Networking among peers
- Sharing leading practices
- Developing interdependent relationships
- Reducing risk
- Addressing other community needs, including meeting requirements for tax exemption through community benefit

**Healthcare executives should formally endorse their organizations participation in HCC**

## Activity 3: Engage Clinicians

---

- HCC should engage healthcare delivery system clinical leaders to provide input, acknowledgement, and approval regarding strategic and operational planning
- Include clinicians from various specialties in HCC activities on a regular bases
- Clinicians with relevant expertise should lead provider training for assessing and treating various types of illnesses and injuries
- Clinicians engaged in strategic and operational planning-contribute to committees and advisory boards
- Include participation in planning, exercise, and response activities

## Activity 4: Engage Community Leaders

---

Consistent with whole community approach to preparedness, HCC should identify and engage community members, businesses, charitable organizations, and media in healthcare preparedness planning and exercises to promote resilience of the entire community.

## Activity 5: Promote Sustainability of HCCs:

     Promote greater community effectiveness and organizational and financial sustainability:

- Offer HCC members technical assistance or consultative services in meeting requirements (CMS, Joint Commissions, etc.)
- Explore ways to meet individual members' requirements for tax exemption
- Analyze critical functions to preserve, and identify financial opportunities beyond federal funding (e.g. foundation, private funding, dues, and training fees)
- Develop a financing structure, document the funding models that support HCC
- Determine ways to cost share (required exercises coordinated with LPHA, OEM, others)
- Incorporate leadership succession planning into HCC governance and structure
- Leverage group buying power to obtain consistent equipment across region and allow for sharing of resources

# Need More information?

---

**Contact: Carolyn Elliott, Healthcare Coalition Coordinator**

**Colorado Department of Public Health and Environment-Office of Emergency Response and Preparedness**

**Email: [carolyn.elliott@state.co.us](mailto:carolyn.elliott@state.co.us)**

**Phone: 303-692-3020 Office**

**720-591-8652 Cell**

